

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street) ▼

655 Beach Street

☐ Check if different than previously reported. (ACC)

San Francisco

CA

94109

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00196246

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☐ July 15 Quarterly Report (Q2)  
☐ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE)  
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)  
☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☒ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
☐ Convention (12C) ☐ Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

in the State of

(d) 30-Day POST-Election Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
08 01 2016

through

M M / D D / Y Y Y Y Y Y  
08 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jill Boyett

Signature of Treasurer

Jill Boyett

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
09 19 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
08 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">288757.48</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">275382.36</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">41798.72</span>	<span style="border: 1px solid black; padding: 2px;">390245.75</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">317181.08</span>	<span style="border: 1px solid black; padding: 2px;">679003.23</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">15017.51</span>	<span style="border: 1px solid black; padding: 2px;">376839.66</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">302163.57</span>	<span style="border: 1px solid black; padding: 2px;">302163.57</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
08 01 2016

To:

M M / D D / Y Y Y Y Y  
08 31 2016
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

31390.64

293324.63

(ii) Unitemized .....

9908.08

91421.12

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

41298.72

384745.75

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

41298.72

384745.75

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

500.00

5500.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ►

41798.72

390245.75

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ►

41798.72

390245.75

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	68.51	659.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	68.51	659.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14750.00	362250.00
24. Independent Expenditures (use Schedule E) .....	0.00	13348.93
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	199.00	581.52
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	199.00	581.52
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15017.51	376839.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15017.51	376839.66

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	41298.72	384745.75
34. Total Contribution Refunds (from Line 28(d)) .....	199.00	581.52
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	41099.72	384164.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	68.51	659.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	68.51	659.21

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 46  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Patrick Aiello**

Mailing Address 275 W 28th St

City State Zip Code  
Yuma AZ 85364-7308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 15 / 2016

Transaction ID : 26825749-AE92-4644-8

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Omar Almallah**

Mailing Address 20 Mule Rd

City State Zip Code  
Toms River NJ 08755-5028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 01 / 2016

Transaction ID : 36F70676-D192-44F2-B

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Warren Appleman**

Mailing Address 66 E 79th St

City State Zip Code  
New York NY 10075-0274

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 15 / 2016

Transaction ID : 1F99F613-150C-4ECA-B

Amount of Each Receipt this Period

30.42

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

613.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Steven Awner

Mailing Address 193 Viscount dr

City State Zip Code  
 Williamsville NY 14221

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2016

Transaction ID : 6D997C1F-81A0-45BF-9

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Roger Alfred Barth

Mailing Address 175 Timberwolf Pkwy

City State Zip Code  
 Kalispell MT 59901-1218

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2016

Transaction ID : CFEC630E-F6D6-4C4E-8

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ivan Battle

Mailing Address 6001 S.W.6th. Ave, Ste. 300

City State Zip Code  
 Topeka KS 66615

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2016

Transaction ID : 8C1C9B68-6211-4F81-B

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

791.67

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 46  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Jerry Blair**

Mailing Address 3600 Amron Ct

City	State	Zip Code
Columbia	MO	65202-1918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

Transaction ID : 3D260D06-2F91-4237-B

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. James Bobrow**

Mailing Address 121 Hunter Ave Ste 102

City	State	Zip Code
Clayton	MO	63124-2082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	1	6

Transaction ID : BFB704E7-64A7-40A6-A

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. H Culver Boldt**

Mailing Address 200 Hawkins Dr

City	State	Zip Code
Iowa City	IA	52242-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	6

Transaction ID : 30D10EA9-3171-4C71-B

Amount of Each Receipt this Period

365.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

895.42

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 46

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

## **A. Robert Brass**

Mailing Address 116 Darroch Rd

City State Zip Code  
 Delmar NY 12054-3824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 19 / 2016

Transaction ID : 6AC23390-B57F-45FC-9

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Peter Breingan**

Mailing Address 7A Locust Ln

City State Zip Code  
 Halesite NY 11743-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 04 / 2016

Transaction ID : 5DBA4998-5F76-428A-9

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. James Bryan III**

Mailing Address 55 Vilcom Center Dr Ste 140

City State Zip Code  
 Chapel Hill NC 27514-1690

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 26 / 2016

Transaction ID : F4F05773-E6FA-46B0-9

Amount of Each Receipt this Period

365.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

980.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Charles Campbell

Mailing Address 5540 Saratoga Blvd Ste 200

City State Zip Code  
 Corpus Christi TX 78413-2953

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2016

Transaction ID : 2D810FB2-A8B4-412D-9

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jose Carro Soto

Mailing Address PO Box 9924

City State Zip Code  
 Arecibo PR 00613-9924

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2016

Transaction ID : 3184F2A3-79EC-4A3F-A

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ivan Castillo Salazar

Mailing Address 1712 Norwich Way

City State Zip Code  
 Bakersfield CA 93311

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2016

Transaction ID : 0442D739-EFBB-42D4-8

Amount of Each Receipt this Period

365.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

760.42

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 46

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. R V Chan**

Mailing Address 2311 W. Wabansia Avenue  
 Apartment 1

City State Zip Code  
 Chicago IL 60647

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 13 / 2016

**Transaction ID : E46A709A-8124-4295-9**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sander M Zeskin Cohen**

Mailing Address 509 S Lenola Rd Bldg 11

City State Zip Code  
 Moorestown NJ 08057-1556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 15 / 2016

**Transaction ID : 69FB8FCC-0DD0-4B30-8**

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mandi Conway**

Mailing Address 10650 W Tropicana Cir

City State Zip Code  
 Sun City AZ 85351-1856

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 23 / 2016

**Transaction ID : 2179A952-32F4-4CC5-9**

Amount of Each Receipt this Period

365.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

813.33

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 46

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. F Michael Cornell**

Mailing Address 954 S Kenmore Dr

City

Evansville

State

IN

Zip Code

47714-7513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	1			2	0	1	6		

**Transaction ID : C573F16E-90B3-4D43-A**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Anna Luisa Di Lorenzo**

Mailing Address 1393 Fairfax St

City

Birmingham

State

MI

Zip Code

48009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	6			2	0	1	6		

**Transaction ID : D20931A8-41F2-4F75-B**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Carol Drake**

Mailing Address 8111 Dodge St

City

Omaha

State

NE

Zip Code

68114-4129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	8			2	0	1	6		

**Transaction ID : 5C3B1580-6C59-414B-B**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1865.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 46

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

## **A. Ralph Eagle**

Mailing Address 840 Walnut St Ste 1410

City State Zip Code  
Philadelphia PA 19107-5599

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 08 / 2016

Transaction ID : B9074C69-AA58-4F67-9

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Jacqueline Ferguson**

Mailing Address 1160 Tompkins St

City State Zip Code  
Cortland NY 13045-3578

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 15 / 2016

Transaction ID : AE64D8A4-D0C9-4ADE-9

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. James Finegan**

Mailing Address 236 Roseberry St

City State Zip Code  
Phillipsburg NJ 08865

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

08 / 31 / 2016

Transaction ID : 72381C3C-369E-440E-B

Amount of Each Receipt this Period

83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

948.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 46

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. John Foley**

Mailing Address PO Box 687

City Exmore State VA Zip Code 23350-0687

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 23 / 2016

**Transaction ID : 31270AB0-ACA2-4B14-B**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Aashish Gandhi**

Mailing Address 1604 WATERFORD pL

City Champaign State IL Zip Code 61821

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : E209DB4D-1250-474B-B**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Geoffrey Garrett**

Mailing Address 471 Ashley Ridge Blvd

City Shreveport State LA Zip Code 71106

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 17 / 2016

**Transaction ID : F8947C79-B002-4D57-9**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 46

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

## **A. Michel Gelinas**

Mailing Address 1020 3rd Ave

City

Woodruff

State

WI

Zip Code

54568-9492

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 15 / 2016

Transaction ID : 1CAD2211-DD00-45D6-9

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. David Goldberg**

Mailing Address 1 Granite Point Dr Ste 100

City

Wyomissing

State

PA

Zip Code

19610-1992

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 19 / 2016

Transaction ID : 80375631-AB4E-4E14-A

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Stephen Goode**

Mailing Address 200 W Magnolia Ave Ste 100

City

Fort Worth

State

TX

Zip Code

76104-7683

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 28 / 2016

Transaction ID : 3D0B995F-702C-4924-B

Amount of Each Receipt this Period

365.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

645.42

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 46

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Christopher Groat**

Mailing Address 7705 Chesterbrooke Dr

City	State	Zip Code
Greensboro	NC	27455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M = M	/	D = D	/	Y = Y Y = Y Y
08		18		2016

Transaction ID : 57345304-548A-4C1F-9

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Robert Groat**

Mailing Address 1317 North Elm Street Ste 4

City	State	Zip Code
Greensboro	NC	27401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M = M	/	D = D	/	Y = Y Y = Y Y
08		18		2016

Transaction ID : 4CAEB04F-78E6-4A88-A

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Richard Grostern**

Mailing Address 3424 N Leavitt St

City	State	Zip Code
Chicago	IL	60618-6014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M = M	/	D = D	/	Y = Y Y = Y Y
08		19		2016

Transaction ID : 3561220F-399D-4E7E-A

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 46

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Daniel Hanson**

Mailing Address 109 N Pine St

City

Ellensburg

State

WA

Zip Code

98926

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2016

**Transaction ID : 7099C9F1-E82C-4025-8**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sebastian Heersink**

Mailing Address 2800 Ross Clark Cir

City

Dothan

State

AL

Zip Code

36301-2040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

08 / 15 / 2016

**Transaction ID : 31D82D0A-D4FD-4A41-A**

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Linda Hsueh**

Mailing Address 1 Diamond Hill Rd

City

Berkeley Hts

State

NJ

Zip Code

07922-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 26 / 2016

**Transaction ID : EA3AC2A8-11A0-457E-8**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1541.67

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 46  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. G Baker Hubbard**

Mailing Address 950 Berkshire Road

City	State	Zip Code
Atlanta	GA	30324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

698.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

Transaction ID : 0CB80CC0-0066-4EEE-9

Amount of Each Receipt this Period

41.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Marcia Hutcheon**

Mailing Address 1395 Piccard Dr Ste 105

City	State	Zip Code
Rockville	MD	20850-4364

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	1	6

Transaction ID : F3D6C9C6-6949-417A-9

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Morton Israel**

Mailing Address 770 Magnolia Ave Ste 2D

City	State	Zip Code
Corona	CA	92879-3122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

Transaction ID : FBF0D04A-5626-4DD1-A

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

489.96

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 46

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Emilio Justo**

Mailing Address 6400 N 61st Place

City

Paradise Valley

State

AZ

Zip Code

85253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.36

Date of Receipt

08 / 15 / 2016

Transaction ID : 8892167C-F4C9-4528-9

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jeffrey Ward Kalenak**

Mailing Address 2600 N Mayfair Rd Ste 600

City

Milwaukee

State

WI

Zip Code

53226-1374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 04 / 2016

Transaction ID : 5C89B100-2E5C-4567-A

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Dennis Kilpatrick**

Mailing Address 7550 E 2nd St

City

Scottsdale

State

AZ

Zip Code

85251-4504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 11 / 2016

Transaction ID : 3343F5A7-F9A7-45AC-9

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1530.42

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 46

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Alan Kimura**

Mailing Address 8101 E Lowry Blvd Suite 210

City	State	Zip Code
Denver	CO	80230-7193

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M = M	/	D = D	/	Y = Y Y = Y Y
08		15		2016

Transaction ID : DB53D066-3740-4393-A

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Craig Kliger**

Mailing Address 100 Galewood Cir

City	State	Zip Code
San Francisco	CA	94131-1132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.33

Date of Receipt

M = M	/	D = D	/	Y = Y Y = Y Y
08		15		2016

Transaction ID : D851DCA3-03AA-4D40-B

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Douglas Koch**

Mailing Address 6565 Fannin St

City	State	Zip Code
Houston	TX	77030-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M = M	/	D = D	/	Y = Y Y = Y Y
08		19		2016

Transaction ID : EEA269B4-FEA1-40F5-B

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

583.34

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 46

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Adrian Lavina**

Mailing Address 3399 Pga Blvd Ste 350

City	State	Zip Code
Palm Beach Gardens	FL	33410-2831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		1	5		2	0	1	6		

**Transaction ID : 77948EDF-43CE-46F7-9**

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Janice Law**

Mailing Address 4211 Farrar Ave #B

City	State	Zip Code
Nashville	TN	37215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		1	5		2	0	1	6		

**Transaction ID : F759D4BC-44F9-48AC-B**

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mary Lawrence**

Mailing Address 19545 Hampshire Ct.

City	State	Zip Code
Prior Lake	MN	55372

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	6		

**Transaction ID : 3A5355C9-3033-4BB5-B**

Amount of Each Receipt this Period

416.63

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

583.29

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jay Harris Levy

Mailing Address 184 NE 168th St

City State Zip Code  
 Miami FL 33162-3412

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2016

Transaction ID : CF3B5CCD-BA61-4BB9-9

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brian Lueth

Mailing Address 3930 Hoyt Ave

City State Zip Code  
 Everett WA 98201-6200

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2016

Transaction ID : 9FB58762-77A1-4ABE-9

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Aaron Mack

Mailing Address 150 Taylor Station Rd Ste 150

City State Zip Code  
 Columbus OH 43213-4440

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2016

Transaction ID : 8FB4450C-8D15-4CCC-A

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

166.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 46

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

## **A. Masud Malik**

Mailing Address 3865 N Mulford Rd

City

Rockford

State

IL

Zip Code

61114-5603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1333.28

Date of Receipt

08 / 15 / 2016

Transaction ID : AF513231-B22C-4CF7-8

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Masud Malik**

Mailing Address 5 Acadia Dr.

City

S. Barrington

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1333.28

Date of Receipt

08 / 15 / 2016

Transaction ID : B7E57A1E-1292-4FE8-A

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Peter Maris**

Mailing Address 230 Hilton Ave Ste 118

City

Hempstead

State

NY

Zip Code

11550-8116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 18 / 2016

Transaction ID : A645A3E7-3A26-4807-A

Amount of Each Receipt this Period

365.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

531.66

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 46

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Sharon Marshall**

Mailing Address 7075 Campus Dr Ste 100

City State Zip Code  
 Colorado Springs CO 80920-6542

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 15 / 2016

**Transaction ID : 8A95756D-3159-4FC6-B**

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Thomas Marvelli**

Mailing Address 6273 Granbury Rd

City State Zip Code  
 Fort Worth TX 76133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.36

Date of Receipt

08 / 15 / 2016

**Transaction ID : 2A84E940-449A-43E6-8**

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Aaron Miller**

Mailing Address 31 S Almondell Way

City State Zip Code  
 The Woodlands TX 77354

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.12

Date of Receipt

08 / 15 / 2016

**Transaction ID : 1C5F5F33-013C-4C97-A**

Amount of Each Receipt this Period

83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

155.42



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 46

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

## **A. Darby Miller**

Mailing Address 108 Newport Ln

City State Zip Code  
 Ponte Vedra Beach FL 32082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.94

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2016

**Transaction ID : 92B95DE7-4642-44EF-B**

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Adrienne Millett**

Mailing Address 207 Wimberly Place

City State Zip Code  
 Richmond KY 40475

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2016

**Transaction ID : 37FEBE89-7538-402C-9**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Helen Mintz-Hittner**

Mailing Address 1500A California St

City State Zip Code  
 Houston TX 77006-2605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 30 / 2016

**Transaction ID : 3285F2D1-5ED5-4CC6-B**

Amount of Each Receipt this Period

365.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

895.42

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 46  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Mitchell**

Mailing Address 501 Baptist Dr Ste 220

City State Zip Code  
Madison MS 39110-2026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

**Transaction ID : F50B650A-15B5-4B4B-8**

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Craig Morgan**

Mailing Address 1611 13th Ave

City State Zip Code  
Huntington WV 25701-3811

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 17 / 2016

**Transaction ID : C6DA1FBD-5F4D-485D-8**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Arlene Murray**

Mailing Address 11827 Chapel Woods Ct.

City State Zip Code  
Clarksville MD 21029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 16 / 2016

**Transaction ID : FE93B54F-C7FA-4AA0-8**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1530.42

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 46

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Mohit Nanda**

Mailing Address 600 Peter Jeff Pkwy Ste 350

City	State	Zip Code
Charlottesville	VA	22911-8836

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	1	6

Transaction ID : FC47EBE1-AB16-408D-B

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Brice Nicholson**

Mailing Address 2102 53rd St NW

City	State	Zip Code
Gig Harbor	WA	98335

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	6

Transaction ID : FCC34217-7A30-44E9-A

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Timothy O'Boyle**

Mailing Address 1111 Professional Blvd

City	State	Zip Code
Dalton	GA	30720-2588

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

Transaction ID : 570D896F-ED4E-47B7-B

Amount of Each Receipt this Period

30.42

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

645.42

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 46

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Sara O'Connell**

Mailing Address 7504 Antioch Rd

City

Overland Park

State

KS

Zip Code

66204-2622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

Transaction ID : 35D30CEA-8DDA-4E3F-B

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Stephen Orr**

Mailing Address 8377 Lakewood Dr

City

Findlay

State

OH

Zip Code

45840-8885

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

Transaction ID : D447EE1E-49C3-4338-B

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Douglas Gerald Owen**

Mailing Address 609 Imperial Lakes Rd

City

Richmond

State

KY

Zip Code

40475-8075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

Transaction ID : 1CE87BF2-8BE9-4F27-A

Amount of Each Receipt this Period

30.38

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

197.04

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 46  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Laura Pallan**

Mailing Address 543 Backbone Road

City State Zip Code  
 Sewickley PA 15143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2016

**Transaction ID : F76D1BCB-CBC0-4D71-8**

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sanjay Patel**

Mailing Address 1501 Redbud

City State Zip Code  
 McKinney TX 75069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2016

**Transaction ID : D9ABC24A-884B-40EC-8**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ron Pelton**

Mailing Address 2770 N Union Blvd Ste 100

City State Zip Code  
 Colorado Springs CO 80909-1183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2016

**Transaction ID : 8C22ACA7-48F8-41BA-8**

Amount of Each Receipt this Period

30.42

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

310.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 46

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Anthony Pisacano**

Mailing Address 2590 Frisby Ave

City

Bronx

State

NY

Zip Code

10461-3240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

291.69

Date of Receipt

08 / 15 / 2016

**Transaction ID : 1A15B51F-7574-40C2-A**

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Tony Pruthi**

Mailing Address 421 Estrella Doro

City

Monterey

State

CA

Zip Code

93940-7607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

08 / 01 / 2016

**Transaction ID : 3F96F932-AA04-4A5B-8**

Amount of Each Receipt this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Peter Rapoza**

Mailing Address 64 Chandler Street

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 24 / 2016

**Transaction ID : E0EAC32B-822E-4768-9**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4541.67

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Geoffrey Rice**

Mailing Address 1351 Rafello Dr.

City State Zip Code  
Ukiah CA 95482

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 11 / 2016

Transaction ID : 26766CEF-5853-417D-B

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Enrica Rossi**

Mailing Address 1718 N Hudson Ave

City State Zip Code  
Chicago IL 60614-5611

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : 6E238E51-0431-4215-9

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Noel Saks**

Mailing Address 845 Beverly Pl

City State Zip Code  
Deerfield IL 60015-3441

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : C3A37F8F-DD98-4FF2-9

Amount of Each Receipt this Period

30.42

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

437.09

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 46

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. James Sanitato**

Mailing Address 7333 Eastborne Rd

City

Cincinnati

State

OH

Zip Code

45255-3962

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

517.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	6		

Transaction ID : 1F88C594-9DEF-47A7-B

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sophia Sarkos**

Mailing Address 4958 Forest Ave

City

Downers Grove

State

IL

Zip Code

60515-3508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	3		2	0	1	6		

Transaction ID : E2388FDF-466B-43C9-9

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Donald Schwartz**

Mailing Address 2650 Elm Ave Ste 108

City

Long Beach

State

CA

Zip Code

90806-1600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		1	1		2	0	1	6		

Transaction ID : D30A5F2F-6CCC-4BFC-A

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1330.42

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 46  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Angana Shah**

Mailing Address 32 Belamour Dr

City	State	Zip Code
Washington Crossin	PA	18977

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	6

Transaction ID : 7A67AC06-3D35-420B-9

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Elizabeth Sharpe**

Mailing Address 721 Long Point Rd Ste 407

City	State	Zip Code
MT Pleasant	SC	29464-8298

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	6

Transaction ID : 6B9EA60D-E5AA-4E05-B

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Glenn Shear**

Mailing Address 1274 Edmund Lane NE

City	State	Zip Code
Atlanta	GA	30319-4332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

Transaction ID : 083D5527-8198-4E3D-8

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

1041.67

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 46

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Richard Sherry**

Mailing Address 2500 Grubb Rd Ste 234

City

Wilmington

State

DE

Zip Code

19810-4796

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

378.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

Transaction ID : 371F879F-A673-485D-A

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Edward Shubert**

Mailing Address 17070 Red Oak Dr Ste 405

City

Houston

State

TX

Zip Code

77090-2616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	6

Transaction ID : 27967767-A4EA-4A60-B

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. David Silbert**

Mailing Address 2104 Spring Valley Rd

City

Lancaster

State

PA

Zip Code

17601-2427

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

Transaction ID : 49E00962-5109-462F-8

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

478.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 46

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

## **A. Stephen Solomon**

Mailing Address 14999 Health Center Dr Ste 101

City State Zip Code  
Bowie MD 20716-1075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

08 / 23 / 2016

**Transaction ID : 71946F1F-B3A2-4D11-9**

Amount of Each Receipt this Period

650.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Mitchell Brian Stein**

Mailing Address 69 S Moger Ave

City State Zip Code  
Mount Kisco NY 10549-2217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.72

Date of Receipt

08 / 15 / 2016

**Transaction ID : AE4F2024-7511-421D-9**

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Mitchell Brian Stein**

Mailing Address 69 S Moger Ave

City State Zip Code  
Mount Kisco NY 10549-2217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.72

Date of Receipt

08 / 15 / 2016

**Transaction ID : 36D537A7-1CF8-4BFF-A**

Amount of Each Receipt this Period

30.42

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

710.84

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 36 OF 46  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Paul Sternberg Jr.**

Mailing Address 2311 Pierce Ave

City

Nashville

State

TN

Zip Code

37232-0025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	1	6

Transaction ID : C48059C0-8696-428D-A

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Gwen Sterns**

Mailing Address 1425 Portland Ave

City

Rochester

State

NY

Zip Code

14621-3001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	6

Transaction ID : C5D051C5-14B7-4A46-B

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. John Stump**

Mailing Address 200 Kona Cir

City

Milford

State

DE

Zip Code

19963-5396

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	6

Transaction ID : 65885F02-E466-45F1-8

Amount of Each Receipt this Period

365.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1565.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 46

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Prem Subramanian**

Mailing Address 740 Monroe St

City	State	Zip Code
Denver	CO	80206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

Transaction ID : 3E21C098-E20E-42DD-9

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Gary Tanner**

Mailing Address 10 Jacobs Ln

City	State	Zip Code
Newport News	VA	23606-2815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

533.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	6

Transaction ID : 8487A2E6-F0DD-4468-9

Amount of Each Receipt this Period

4.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Thao Thach**

Mailing Address 2322 Jacqueline Dr

City	State	Zip Code
Garland	TX	75042-3912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	6

Transaction ID : 13942F68-2BEC-450F-A

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

545.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 OF 46

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Alan Wagner**

Mailing Address 5520 Greenwich Rd Ste 204

City State Zip Code  
 Virginia Beach VA 23462-6541

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2016

**Transaction ID : D8AB3C1E-6131-47AD-9**

Amount of Each Receipt this Period

17.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ann Warn**

Mailing Address 6711 NW Oak Dale Dr

City State Zip Code  
 Lawton OK 73505-1261

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2016

**Transaction ID : B3ED478E-1845-457B-B**

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Barry Welch**

Mailing Address 424 Yellowstone Ave Ste 110

City State Zip Code  
 Cody WY 82414-9309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2016

**Transaction ID : 98C0FCDE-48F8-451B-8**

Amount of Each Receipt this Period

83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

142.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 OF 46

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

## **A. Amy Wexler**

Mailing Address 509 S Lenola Rd Bldg 11

City State Zip Code  
 Moorestown NJ 08057-1556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 15 / 2016

**Transaction ID : 38E0C06D-529D-40A5-8**

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Byron Wilkes**

Mailing Address 17200 Chenal Parkway

City State Zip Code  
 Little Rock AR 72222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 15 / 2016

**Transaction ID : 557D3985-5106-458B-9**

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Brian Wnorowski**

Mailing Address 1404 Winesap Drive

City State Zip Code  
 Manasquan NJ 08736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 02 / 2016

**Transaction ID : 4AB15733-5D82-49FA-B**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

572.09

31390.64

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 46

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Brian Fitzpatrick for Congress**

Mailing Address PO Box 939

City

Langhorne

State

PA

Zip Code

19047

FEC ID number of contributing  
federal political committee.

C

C00607416

Name of Employer

Occupation

Receipt For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	6

Transaction ID : 2A4360A422A1B20A765

Amount of Each Receipt this Period

500.00

☐ Memo Item

Refund of Jul 2016 check

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

500.00

TOTAL This Period (last page this line number only).....▶

500.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Bank N.A.**

Mailing Address PO Box 63020

City	State	Zip Code
San Francisco	CA	94163

Purpose of Disbursement  
Bank charges - Aug 2016

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
08		31		2016

Transaction ID : D584369DB50CD7D726C

Amount of Each Disbursement this Period

68.51
-------

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
-----	---	-----	---	-------------

Amount of Each Disbursement this Period

--

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
-----	---	-----	---	-------------

Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

68.51
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68.51
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Biggs for Congress**

Mailing Address 228 S Washington St Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Andy Biggs**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2016

**Transaction ID : 79AC6F64716955337F0**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Blum for Congress**

Mailing Address 2728 Asbury Road Suite 400

City	State	Zip Code
Dubuque	IA	52001

Purpose of Disbursement  
2016 General

011

Candidate Name

**Rodney Leland Blum**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2016

**Transaction ID : 827B26AFE200FA1212C**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Brian Fitzpatrick for Congress**

Mailing Address PO Box 939

City	State	Zip Code
Langhorne	PA	19047

Purpose of Disbursement  
2016 General

011

Candidate Name

**Brian Fitzpatrick**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2016

**Transaction ID : 93C9E3DFF9901BF7F0A**

Amount of Each Disbursement this Period

250.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3750.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Chesapeake PAC**

Mailing Address 824 S Milledge Ave Ste 101

City Athens	State GA	Zip Code 30605
----------------	-------------	-------------------

Purpose of Disbursement  
2016 Contribution

Candidate Name

**Chesapeake PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2016

**Transaction ID : F0575B8F234595E6910**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Dr. Brian Babin for Congress**

Mailing Address PO Box 159

City Woodville	State TX	Zip Code 75979-0159
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Purpose of Disbursement  
2016 General

Candidate Name

**Brian Babin**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District: 36 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2016

**Transaction ID : 609D54EE30E2FFBE83C**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Fightin' Ninth Political Action Committee**

Mailing Address PO Box 71596

City Richmond	State VA	Zip Code 23255-1596
------------------	-------------	------------------------

Purpose of Disbursement  
2016 Contribution

Candidate Name

**Fightin' Ninth Political Action Committee**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2016

**Transaction ID : 7B4579BDB883A18395C**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. LaHood for Congress**

Mailing Address PO Box 10735

City	State	Zip Code
Peoria	IL	61612

Purpose of Disbursement  
2016 General

Candidate Name

Darin M. LaHood

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2016

Transaction ID : 3C987B365DD02E2312D

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Marsha Blackburn for Congress, Inc.**

Mailing Address PO Box 3750

City	State	Zip Code
Brentwood	TN	37024-3750

Purpose of Disbursement  
2016 General

Candidate Name

Marsha Wedgeworth Blackburn

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2016

Transaction ID : B5DB344225DADC5FBBC

Amount of Each Disbursement this Period

1500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mike Kelly for Congress**

Mailing Address PO Box 476

City	State	Zip Code
Lyndora	PA	16045

Purpose of Disbursement  
2016 General

Candidate Name

G. Mike J. Kelly

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2016

Transaction ID : 0D78057019743FE032C

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Price for Congress**

Mailing Address PO Box 425

City	State	Zip Code
Roswell	GA	30077

Purpose of Disbursement  
2016 General

011

Candidate Name

Thomas E. Price M.D.

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
08		03		2016

Transaction ID : 9EE5F4F0627B1B67A3E

Amount of Each Disbursement this Period

1500.00
---------

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

--

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
-----	---	-----	---	-------------

Amount of Each Disbursement this Period

--

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

--

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
-----	---	-----	---	-------------

Amount of Each Disbursement this Period

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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1500.00
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14750.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. John Donahue**

Mailing Address 150 E Manning St

City	State	Zip Code
Providence	RI	02906-5131

Purpose of Disbursement  
Refund of 6/20/16 contribution received

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 15 / 2016

Transaction ID : AF264175B057E366439

Amount of Each Disbursement this Period

199.00
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
-------------------------

Amount of Each Disbursement this Period

--

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
-------------------------

Amount of Each Disbursement this Period

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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

199.00
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199.00
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